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ABSTRACT

This report briefly describes the health (medical, dental and psychological/mental health) services of five School District of Philadelphia early childhood programs: Child Care, Get Set Day Care, Parent Cooperative Nurseries, Prekindergarten Head Start, and Follow Through. Programs with and without mandated health components are included. Detailed information on the health components of three of these programs is given in three separate appendices, each including a narrative explaining the type of health care given, providers of care, and number of pupils served. Data indicate that although there is wide variation in the way health care is delivered to the students, common characteristics do exist among the programs which allow for the delivery of similar services. Based on the cumulative information, vision, hearing, and nutrition (growth) problems were identified as prevalent health concerns among children of all the programs. Results are discussed and recommendations are made. (SB)

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REPORT OF EARLY CHILDHOOD PROGRAMS HEALTH SERVICES 1976-1977

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Report Number 7842

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ABSTRACT

This report describes the health (medical, dental and psychological/mental health) services of five early childhood programs (Child Care, Get Set Day Care, Parent Cooperative Nurseries, Prekindergarten Head Start and Follow Through) in Philadelphia. Data indicate that although there is variation in the way health care is delivered to the students, common characteristics do exist among the programs which allow for the delivery of similar services.

The findings suggest that health care receives more emphasis (based on the number of children who received some health-related service) in programs which have a mandated health care component and personnel available for record-keeping follow-up and documentation of delivered health services.

Based on the cumulative information, vision, hearing and nutrition (growth) problems were identified as prevalent health concerns among children of all the programs. The conclusions indicate the need for (1) a uniform information recording and collecting procedure for health data, and (2) personnel power available for direct involvement in health care arrangements and delivery.

INTRODUCTION

Provision of basic health care has always been a characteristic of the large-scale federally funded early childhood programs introduced in the 1960's. Many earlier programs had contained this provision; almost all later programs considered it essential. There is now, and has been for a number of years, an almost universal consensus that early childhood education can best achieve its goals when children are not impeded by health problems; problems which are likely to present themselves particularly in the case of low-income children.

This report describes the health services of five early childhood programs in Philadelphia; four (Child Care, Get Set Day Care, Parent Cooperative Nurseries and Prekindergarten Head Start) are almost exclusively for prekindergarten children; the fifth (Follow Through) is a K-3 program. In order to collect uniform information on the delivery of comprehensive health services[1] to these early childhood programs, data were obtained from the following existing sources (1) school community coordinator reports, (2) social service reports, (3) health data collected by program staff (4) community agency reports, (5) School Health Services personnel and (6) the Philadelphia School District's Health Service Information System.

In addition to early childhood program mandated care[2] for the child , the Philadelphia School District offers a comprehensive health program through its Health Division. It includes medical examinations in kindergarten, first and sixth grades (along with situational referrals), and dental examinations in kindergarten, first and third grades (along with selected referrals). Screening performed at scheduled periods include audiometric, growth, vision and tuberculin test. Immunizations, mental health/psychological and child abuse

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1 Comprehensive health services were defined as including medical, dental and psychological/mental health care.

2 Program mandated care is defined as a level of health services to be provided to students in the program by specified program personnel.

prevention programs are also available[1].

The aforementioned Philadelphia School Health Services Information System was pilot tested in 1976-77[2]. Its principal data collection instrument was utilized by school district health staff in their collection of medical data from School Districts 1, 2, and 6. The remaining districts were provided medical services by CHAP (Collaborative Health Assessment Program[3]), which also participated in the health services information system's method of documentation. CHAP was initiated by the School District's Health Division in the 1975-76 school year because of a shortage of school physicians needed to fulfill the Commonwealth of Pennsylvania's mandated medical examination (Public School Code).

It was discovered that there was wide variation in health service delivery among the five early childhood programs. All data about the services, therefore, cannot be uniformly presented. The following summaries describe the health care services delivered to each of the five programs for the 1976-77 school year. There is enough similar data to make limited comparisons among the programs, as is noted in the conclusion which draws on program specific health data (found in the appendices) and highlights: (1) how comprehensive health care is delivered to children, (2) common health problems of children, and (3) how these data relate to selected health issues.

Detailed information regarding three of the early childhood programs' health component is given in the Appendices. An appendix for each of the three programs consists of a program specific narrative explaining the health care given, the provider of the care and the numbers of pupils reported served.

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1 Information was selected which related only to preschool and elementary school children. Source: School Health Services Leaflet.

2 School Health Services information System Pilot. August, 1976.

3 Summary Report, School Health Services. CHAP 1975-76.

Follow Through

The Follow Through Program[1], with the largest pupil population (n=approximately 13,000) of all five early childhood programs, has a mandated health care program. Information regarding health services for the program indicates that the services were performed by CHAP, School District health staff, and community agencies[2].

Program specific data as of May, 1977 indicate that 13% of the pupils received medical screenings and that half of those screened (or 6% of all pupils) were also treated by at least one of the providers noted above. (Additional data indicate that another 10% of the students received further health care from community health agencies by the end of the year). Dental services were not provided by CHAP, but School District health staff screened approximately 4000 Follow Through childrne. Data were not available on the number of dental screenings done by contracted community agencies, but information submitted from those agencies indicate that almost 10% of the total population received treatment for dental problems.

As identified by the school district's information system, the five most frequently identified health problems of Follow Through children (in rank order) were (1) vision, (2) dental, (3) growth (primarily overweight), (4) audiometric, and (5) heart (primarily murmurs).

The available data on psychological/mental health services indicate that (based on referrals) school district psychologists observed, tested, and evaluated Follow Through children. Community health facilities also provided

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[1] Information given includes statistics for the Original and Expansion and Primary Skills programs within Follow Through.

[2] Follow Through guidelines mandate a health program which supplements services provided by the local school district. Either non-contractual agreements or negotiated contracts with community health facilities are made for health services delivery.

some care, although it was primarily of an indirect nature (classroom observations and parent/teacher consultation).

Follow Through School Community Coordinator (SCC) reports indicated that SCC's were also actively involved in contributing to maintenance of student physical (medical and dental) and mental health, through phone contacts to parents/agencies, home visits, conferences with parents/staff, and referrals.

Prekindergarten Head Start

Prekindergarten Head Start (with 850 children) also has mandated health care. Program health personnel report that 64% of the 1976-1977 pupils had complete physical examinations on file. Approximately eighty percent of the children with problems detected in the exams received treatment.

Vision and hearing screenings were performed on three-fourths of the pupils by Head Start health personnel. Referrals for treatment occurred in the majority of cases where abnormalities were found. Podiatry and growth (height and weight assessments) screenings were also received by the students.

Almost 65% of the students received dental screenings. Of the pupils found with defects and referred for treatment, half received treatment. There was also 10% enrollment of handicapped[1] children in the Head Start Program, as required by a Federal Mandate.

Head Start social service workers reported their involvement in the maintenance of the child's physical and mental health through telephone contacts to parents/agencies, home visits, conferences with parents/staff, referrals, a nutrition program, and health education for the parents.

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[1] The Handicap category includes chronic illnesses as well as commonly defined handicap conditions. Numbers were not available on health problems of "normal" children.

Health Services

Get Set Day Care

Get Set Day Care also has a mandated health care component. The program specific health staff report that 66% of the 4500 pupils had complete physical examinations[1]. The examinations were given by private physicians and EPSDT providers. Separate growth, vision and audiometric screenings were provided to the pupils.

Get Set health staff, private physicians and community agencies found 276 health problems through screenings and examinations. The most common problems identified were (in rank order), (1) vision, (2) skin, (3) asthma, (4) allergy, and (5) nutrition (primarily underweight).

The Get Set Day Care psychological component is fairly extensively implemented. Nine percent of program pupils in 1976-1977 were identified, evaluated and referred by the psychological staff for diagnostic and remediation purposes. Children were also screened and referred to speech and hearing facilities for study and/or treatment.

Get Set social services staff indicated involvement in maintaining the physical and mental health of the child through their home visits and referrals.

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[1] Percentage given reflects information received from providers of the exams.

Health Services

Child Care Program

The Child Care Program (population-1700) does not have mandated health care. As part of the Philadelphia School District, however, it receives comprehensive services from the Division of School Health Services. Almost 60% of the children received medical examinations, immunizations or screenings. The most common health defects found were vision, hearing and nutrition. Approximately 20% of the students had dental screenings. In addition to the screenings, eleven classroom talks and two assemblies were held to stress the importance of dental care.

Child Care social services reports indicate that the social service staff primarily makes telephone contacts, referrals and has conferences with parent when concerned about a child's physical or mental health.

Health Services

Parent Cooperative Nursery Program

The Parent Cooperative Nursery Program (with 500 children) does not have a mandated health care component. Available data indicate, however, that if a teacher has a concern about a child's health, (and has parental consent), existing community agencies are used to provide services. Suspected speech and hearing problems are referred to the Preschool Speech and Hearing clinic; suspected vision problems are referred to the Pennsylvania Association for the Blind.

Information which was provided by program staff indicates that approximately six percent of the children were identified as having a health problem and were referred for treatment. In rank order, the most frequently identified problems were (1) vision, (2) speech, and (3) hearing. One child was referred for a suspected dental defect, and about ten children were referred to agencies because of suspected social-emotional disturbances.

The Parent Cooperative Nursery Program does not have a social service component which is directly involved in health care.

CONCLUSION

Table I shows several characteristics common to the five programs discussed. As expected, those programs with a mandated health component (with and without specified program personnel): (1) had more medical and dental screening completed, and (2) more comprehensive health care provided overall. This suggests that a mandated health component is a worthwhile program investment which assures an initial level of health problem identification and care.

Haggerty (1968) states that personnel shortages are a major barrier to implementation of a comprehensive health care program for children. As indicated in Table I, those programs with personnel available for service provision, referral, follow-up, and record-keeping had a greater amount of care provided[1]), than those without this special staffing. Program specific data which shows the involvement of non-health program staff in making telephone contacts, home visits and referrals when concerned about a child's physical and or mental health, further supports Haggerty's statement.

The table displays in rank order, the frequency of health problems found in the screening/examination process (based on available data). In considering the list of problems and their frequency, two significant points are revealed. Vision problems rank near the top in frequency for all problems, while hearing and nutrition (growth) problems are also prevalent. This is significant in that (1) all are problems for which treatment is available, and (2) all problems can interfere with a child's success in school.

[1]This statement may be misleading as only a minimal amount of information was available from some of the programs. It is possible that those programs had as much service, if not more, than the others, but based on data collected by ECEU the statement is justified.

Based upon the findings, a more detailed definition of comprehensive health care can be seen emerging. Stated in terms of services, comprehensive health care consists of the following:

(1) a complete physical examination

(2) required immunizations

(3) growth assessment

(4) vision and audiometric assessment

(5) dental screenings

(6) psychological assessment (based on prior referral), and

(7) a health advocate who is involved in maintaining the physical and mental well-being of any child through home visits, conferences and referrals.

This delineation is in agreement with Weintraub (1972) who indicates the above types of service constitute a viable program for handling the health concerns relative to the preschool and early school age child.

The effort to collect comprehensive health service data revealed the need for a more consistent, uniform, information recording and collection procedure in order that more and more accurate facts on child health may be obtained. Being able to provide uniform information would enable all future decisions regarding health care to be made from a sounder basis.

Weintraub, David H. The Preschool Child: Health Concepts. National Society for the Study of Education Yearbook 1971. Part 2:71-81, 1972.

Haggerty, Robert J., Research Issues in Child Health. II. Some Medical and Economic Issues. Paper presented to Head Start Research Seminar, Washington, D. C., November, 1968.

TABLE I

CHARACTERISTICS OF PROGRAMS
INCLUDED IN HEALTH SERVICE DATA

Characteristic	Follow Through		PreK Head Start		Day Care Get Set		Child Care		Parent Coop Nursery	
	Pop. = 17,000*		Pop. = 850*		Pop. = 4500*		Pop. = 1700*		Pop. = 500*	
	N	%	N	%	N	%	N	%	N	%
Number and percentage of Medical Screenings	2206	13	546[1]	64	2959	66	82	5	34	7
Number and percentage of Dental Screenings	3778	22	547	64	412	9	402	24	none reported	
Type of Psychological Service given by: a) School District b) Program Staff c) Community Agencies	A) Direct[2] B) NA[3] C) Indirect[4]		a) NA b) Direct c) none reported		a) none reported b) Comprehensive[5] c) none reported		a) none reported b) NA c) none reported		a) none reported b) NA c) Direct	
Type of Social Service Involvement in The Health Care Program	Telephone contacts Home visits Conferences Referrals Advocacy		Telephone contacts Home visits Conferences Referrals Advocacy		Referrals Home visits		Telephone contacts Conferences Referrals Advocacy		None reported[6]	
Type of Health Care Provider[7]	Private physician School District Community agencies		Private physician Program staff Community agencies		Private physician School District Program staff Community agencies		School District		Community agencies	
Rank Order Identified Common Health Problems	Vision Dental Growth (nutrition)		Dental Hearing Vision Speech		Vision Skin Asthma Growth (nutrition)		Vision Nutrition Hearing		Vision Speech Hearing	

* Population totals are rounded to nearest 100.

1 Figure reflects numbers from exam source.

2 Observations, testing, evaluation, remediation

3 Not Applicable

4 Staff Development, Consultation, Conferences

5 Includes direct and indirect services

6 Social Service information given for programs, obtained from ECEU data collection of social service information. PCN did submit information Re: social service, but it was not a part of the computerized package used in the ECEU social service analysis.

7 This indicates the supplier of the major portion of the health care.

APPENDIX A

Follow Through Program

As a school-age program, Follow Through[1] has the largest pupil population (N=approximately 13,000) of all five early childhood programs. Collected data from the program mandated health component indicate health services were supplied by CHAP (Collaborative Health Assessment Program), school district health staff, and community health agencies.

Table 1 shows the providers of medical and dental services and gives an estimate of children served by each provider as of May, 1977. The data indicate that 13% of the pupils received medical screenings, and that approximately half of those sereened, received treatment for an identified problem. Although CHAP and school district health staff provided the majority of the screenings, community health agencies treated more students. The program objective requiring non-contractual arrangements or contracted negotiations with community agencies resulted in an additional 1300 children receiving health service by the end of the school year (e.g., emergency hospital care, dental care).

Dental services were not provided by CHAP. However, school district health staff screened approximately 4000 Follow Through children, (the data suggest that referrals were made whenever defects were found). Information was not available on the number of dental screenings done by community agencies, because it was assumed, that those agencies were primarily involved in treatment programs. There is data, which documents completed

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[1] Figures given in this appendix include data on the original and expansion programs within Follow Through.

treatment of dental defects for five percent of the total Follow Through population[1].

TABLE 1
TOTAL FOLLOW THROUGH PROGRAM

Medical Services

CHAP		SCHOOL DISTRICT		COMMUNITY AGENCIES	
Screened	Treated[1]	Screened	Treated[1]	Screened	Treated
1077	342	527	195	602	555

Total Screenings = 2206 T (%) Screened - 13.0%
Total Treated = 1092 T (%) Treated - 6.0%

Dental Services

CHAP	SCHOOL DISTRICT[2]	COMMUNITY AGENCIES
	Screenings	Treatments
Not Applicable	3778	196

Total Screenings = 3778 % Screened - 23.0
Total Treated = 196 % Given Treatment - 5.0

[1] Number taken from Health Service information system. It includes those identified with problems; those treated; and those subsequently labelled as "UNDER CARE" or "CARE COMPLETE."

[2] Number given includes Kindergarten, first and third grades.

Based on data obtained from the school district's health service information system, Table 2 shows the identified health problems of Follow Through children. The five most frequently occurring identified health problems (in rank order) were: (1) vision, (2) dental (primarily caries), (3) growth (primarily overweight), (5) hearing, and (5) heart (primarily murmurs). The list is comparable to the problems identified in non-Follow Through children (as tallied from health statistics of the information system),

[1] Based on written reports submitted to Follow Through Administrative Offices. School year 1976-77.

and can be seen as fairly representative of school-age children health problems.

TABLE 2
Incidence of Problems[1]

Problem	Number of Children Identified With Problem	Problem	Number of Children Identified With Problem
Skin	14	Allergies	3
Eyes	157	Growth	68
Ears	43	Trauma	3
Nose	5	Behavior	10
Dental	150 (primarily caries)	Enuresis	3
Respiratory	1	Hernia	13
Heart	33	Lang/SP/Ret	14
GI	4	Tuberculosis	3
Ortho	16	Lead	1
Anemia	9	Flat Feet	5
Asthma	12	Other	28

[1] Information based solely on data obtained from Philadelphia School Health Services Information System. Included are data for original and expansion and primary skills program.

As part of the comprehensive health care concept, psychological/mental health services were also provided to the students. The available data suggests that based on referrals, school district psychologists observed, tested and evaluated Follow Through children[1]. Community agencies also provided psychological servies to the children, although it was basically of an indirect nature (classroom observations, staff development, consultations[2]).

[1] School District Psychological Service documentation indicates that approximately 30 Follow Through children (Grades 1-3) were serviced.

[2] Statement based on written reports submitted to Follow Through Administrative Offices, School Year 1976-77. CHAP was not involved in psychological service delivery.

The schools of the original program within Follow Through each had a Follow Through School Community Coordinator (SCC). Their monthly reports submitted to ECEU (Early Childhood Evaluation Unit) indicate the amount of SCC involvement in maintaining the child's physical and mental health. Table 3 indicates that Follow Through SCC's primarily visited homes and made referrals when concerned about a child's physical health, and that they primarily visited homes and had conferences with staff when concerned with a child's mental health.

TABLE 3

FOLLOW THROUGH
SCHOOL COMMUNITY COORDINATOR (SCC) REPORT[1]

	Parent Contacts By Phone Re:	Number of Home Visits Re:	Parent Conferences At School Re:	Contacts With Other Agencies Re:	Persons Referred	Conferences With Staff Re:	SCC Direct Actions Re:
Child's Physical Health	657	1677	326	286	382	353	346
Child's Mental Health	63	170	99	66	61	233	41

[1] Information deals only with the eighteen original schools. The Follow Through Expansion schools do not have a Follow Through.

Program specific information further indicates a difference in the amount of health service arrangement and delivery between the original and expansion programs. Thirteen of the 18 schools within the original program had either negotiated contracts or non-contractual arrangements with community agencies for medical, dental and psychological services. The remaining five schools had arrangements for at least one of the services. In addition to the above, medical services were also provided to the schools from school district health staff and CHAP agencies.

Objectives designed for the 26 schools in the Expansion Program provided for additional dental and psychological services from community agencies, through negotiated contracts. Approximately 500 students were identified as needing dental treatment after being screened by school district health staff. Forty-nine had had treatment completed at community agencies, as of May 1977. Psychological services provided on-site (at eight expansion schools) took the form of direct observation of children in classrooms and staff development sessions for teachers and aides. Medical services were provided by CHAP agencies and school district health staff. The 17 schools in the Primary Skills Program received all health services from school district health staff.

APPENDIX B

Health Services

Prekindergarten Head Start

The health component staff, consisting of the Health Coordinator, three cluster nurses, the Nutritionist and the Mental Health Specialist, were responsible for facilitating services in the following areas: Physical examinations, various screenings, treatment of defects, parent education, food served, and identification and integration of handicapped children into the program.[1]

1. Screening and Treatment

Table 9 shows the screenings which were provided to the 850 Head Start students in the 1976-77 school year based on data submitted by May 1977. Given also are the number of defects found during the screenings, and the number under treatment for the care and/or elimination of the defect.

TABLE 9
TOTAL PROGRAM
SCREENINGS AND TREATMENT

Type of Screening	Number Screened	Number Defects Found	Number Under Treatment
Physical Examinations	546	177	140
Dental	547	134	75[2]
Vision	653	31	30
Podiatry	513	*	*
Hearing	653	40	30
Growth	476	*	*

*Screening results have not yet been received.

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2 There is additional end-of-the-year documentation which shows that approximately 250 visits were made to clinics by Head Start students for the treatment of dental defects.

The table shows that over half of the children received comprehensive screenings and are under care for treatment of defects found.

Vision and hearing screenings were performed on three-fourths of the pupils by Head Start health personnel. Referrals for treatment occurred in the majority of cases where abnormalities were found. The data suggests that a larger number of vision defects are "under treatment". Podiatry and growth (height and weight assessments) screenings were also received by the students.

Almost 65% of the students received dental screenings. Of the defects found and referred for treatment, half are under treatment. Based on a comparison with last year's health data, consistent and comparable health screenings were provided to the students for the last two years.[3]

2. Handicapped Children

It is required by federal mandate for the Head Start Program to have a 10% "handicap" enrollment. As of May 1977, approximately sixty-nine children, 8% of the total enrollment, were diagnosed as handicapped. The diagnosis included those children with chronic illnesses. Information provided by the Health Coordinator indicates that an additional twenty-nine children are pending diagnosis as handicapped. If half of those children "pending" are diagnosed as handicapped, the 10% handicap enrollment will have been met. (Health data tallied at end of school year indicates that all those pending were diagnosed as handicapped; the 10% enrollment was thus met.)

Table 10 shows in rank order, the May 1977 total of handicaps, and the number of children diagnosed with those handicaps. Comparative data from the 1975-76 school year shows similar types of handicapping conditions identified in the students.

3 ORE Report #7700

TABLE 10

TOTAL PROGRAM

HANDICAPPED CHILDREN DIAGNOSIS, MAY 1977[1]

Type of Handicapping Condition	Number Identified
Speech Impairments	21
Asthma	14
Developmental Delays	8
Anemia	8
Heart Conditions	5
Seizure Disorders	3
Visual Impairments	2
Skin Problems	2
Hearing Impairments	2
Cleft Palate	1
Bronchitis	1
Cerebral Palsy	1
TOTAL	68

[1]Handicap diagnoses include chronic illnesses.

3. Parent and Staff Education

Several workshops were held throughout the 1976-77 year dealing with such topics as health education, home safety, family health, child abuse and preventive health care. The Health Advisory Committee, composed of parents, Prekindergarten Head Start staff and health experts from the community met to formulate procedures for administering the medical component. One major activity sponsored by the committee this year was a Health Fair.

The Health Fair was given in the spring and provided free medical screening and health education to Head Start parents. Health staff from community agencies volunteered their time and expertise. An evaluation obtained positive reactions from the participants.

Overall, the 1976-77 participation of the parents in the Health Services component remains consistently similar to the 1975-76 school year in amount and degree of involvement. This suggests that the health staff effectively continues to involve parents and community in the process of maintaining the child's physical and mental well-being.

4. Nutrition

A part of the basic comprehensive care provided to children in Head Start is a nutrition program. Breakfast, lunch, and snacks, (providing two-thirds of the daily nutritional requirements for children) were served the entire school year.

Basic health literature (North, 1970, and Pless, 1968) suggests that growth problems (obesity and underweight) and anemia (a low level of hemoglobin) are related to poor nutritional diets. As can be noted from Table 10, one health problem was a high prevalence of anemia. Table 9 indicates the majority of the children screened for growth (height and weight) defects. The nutritional needs of the child are also attended to as part of the basic health program in Head Start.

An integral part of the daily educational program, nutrition also played a part in the instructional component. Learning activities in nutrition education included cooking experiences and size, shape, color concept-building. Adhering to the philosophy of family involvement in the total Head Start program, a ten-week nutrition course was held for parents. Numerous nutrition workshops were conducted throughout the 1976-77 school year for parents and nutrition training was given to staff.

5. Summary

The information gathered shows that a major portion of the student population received comprehensive health care as provided by Head Start. The facts also show that one form in which health services can be accessible and meaningful to the preschooler is through the delivery of such services in an early childhood education program. Head Start, as an early childhood program, appears to be effective in being the facilitator for health services delivery as well as fundamental social modifier of family attitudes regarding child health.

APPENDIX C

GET SET

Health services in the Get Set program encompass nutritutional, medical/dental, speech/hearing and psychological services. These four service areas are primarily directed to the 4500 children in the program, although the services extends to the parents of the children in the form of health education. Health services for 1976-1977 will be discussed and summarized under two general areas: physical health (includes medical/dental and speech/hearing information) and mental health (primarily psychological, but will also include speech and hearing information). The objectives in the health service delivery are (1) the identification, correction, and alleviation of health problems, (2) the utilization of health agencies and (3) the provision of health education. Nutritional services (assuring that each meal in the center includes a portion of the U. S. Recommended Daily Allowance for each appropriate age group) will not be discussed, although a meal and 2 snacks are provided daily to the children.

Findings

Physical examinations were conducted for 2959 (66%) of the children. Table I indicates that from the examinations/screenings, approximately 759 (17%)[1] of the children were diagnosed as needing health care. Eleven categories of health problem areas were identified with dental problems being the most frequently occuring problem found (i.e., 54% of those diagnosed as needing care). Other areas were - vision (14%) chest (11%), skin (8%), nutrition (5%) and other (ear, defective speech, orthopedic, hernia, nose/throat and nervous/other conditions) (8%). Of the total number of

[1] Children may have had multiple health problems, however, the information submitted were by health problem area and not by number and type of health defect per child.

children diagnosed with a health problem, 38% were treated by either a private physician, health clinic or in another health setting. Of those treated, 68% received service at a health clinic; 25% by a private physician and the remaining 7% in other settings.

All children diagnosed with skin, defective speech, orthopedic, hernia, nose/throat and nervous/other conditions, received and completed their treatment programs. Diagnosis of the other health defects resulted in the following percentages of treatment completions: chest (98%), nutrition (82%), ear (15 of 19)[1], vision (56%), and dental (37%).

TABLE 1

HEALTH DEFECT	NUMBER DIAGNOSED	HEALTH FACILITY			TOTAL	TERMINATED[2]	
		PHYSICIAN	CLINIC	OTHER		NUM.	%
Dental	412	14	--	--	14	14	3
Vision	109	9	52	--	61	61	56
Chest	82	22	58	--	80	80	98
Skin	61	20	36	5	61	61	100
Nutrition	39	3	14	15	32	32	82
Ear	19	--	15	--	15	15	15/19
Defective Speech	14	--	6	1	7	7	--
Orthopedic	9	--	6	--	6	6	--
Hernia	5	--	5	--	5	5	--
Nose/Throat	4	--	4	--	4	4	--
Nervous/Other	5	5	--	--	5	5	--
Total	759	73	196	21	290	290	38%

[1] Percentages were not computed for N less than 25.

[2] Care was completed.

Program data suggests that psychological services focused on four groups of people, i.e., children, parents, staff and community members. Table 2 displays the number of special needs children who received psychological care. Observations were conducted within the classroom and were provided to 15% of the total population. Forty-nine percent of the children observed, were subsequently evaluated (approximately 9% of the total population). Referral or treatment problems were grouped into four areas and are listed below:

TABLE 2

Number of Children with Special Needs
Who Were Observed, Evaluated and Referred
and Treated for Care

Source of Service Need	Observations	Evaluated Problem Areas				
		Speech	Hearing	Dev. Hnd.[1]	Problem[2]	Total
Pre-Admission	--	--	--	--	35	35
Recruitment	--	--	--	38	--	38
In-site Classroom	655	53	32	34	203	322
Total	655	53	32	72	238	395

[1] Developmental Handicapped

[2] Physically aggressive behavior or social-emotional maladjustment

Table 3 reports the type and total number of contacts (N=1046) made by the psychological staff. The majority of the contacts were with instructional staff (63%), followed by contacts with instructional staff in special classes (20%).

TABLE 3

Type and Number of Contacts
Engaged by Psychological Services Staff
For Children with Special Needs

Types of Contacts	No. of Contacts		No. of Individuals Involved
Instructional Staff	655	63%	1115
Special Class Inst. Staff	212	20%	(unknown)
Parent Conferences	95	9%	517
Casereview	84	8%	420[1]
Total	1046	100%	2052

1. Estimated number involved in case review.

The psychological staff also conducted 154 parent conferences in group or in individual settings. Two-thirds of these parent contacts were to discuss the child's developmental problem. The remaining one-third was made by staff serving as a resource person in general parent meetings.

TABLE 4
Number of Parent Contacts by Psychological Staff

Types of Contacts	No. of Conferences
Parent Conferences	95
Resource Person	59
Total	154

The psychological staff further conducted staff training, served as consultants for the social service staff and facilitated implemented of education models. Table 5 indicates that 2191 consultations were made with other program personnel. Half of the consultations were with the Social Service Staff, with another 39% of the consultations with instructional personnel.

TABLE 5

Number of Consultations Engaged
With Program Personnel

Purpose of Contact	No. of Consultations	
Staff Training:	208	9%
Instructional Staff	(188)	
Special Class Staff	(6)	
Child Abuse and Neglect	(14)	
Routine Classroom Observations	843	39%
Montesorri Method	39	2%
Consultant for Social Services	1101	50%
	2191	101%

In conjunction with the delivery of staff training by the psychological staff, the latter received staff training through workshop, seminars and through routine staff meetings. (see Table 6 below)

TABLE 6

Staff Training Available to
Psychological Staff

Method of Staff Training	Psychologist	Psychological Assistant
Staff Meetings	--	27
Workshop/Seminars	11	31
Total	11	59

Table 7 indicates that the psychological staff also provided services (755 contacts) to the community in the form of establishing and maintaining agency contacts (97%) and in undertaking observations requested by community agencies (3%).

TABLE 7

Type and Number of Services
Provided by Psychological Staff to the Community

Method of Community Service	No. of Contacts
Request for Observations	6
Establishing and Maintaining Agency Contacts	649
Total	755

Four objectives were established for the psychological staff. One objective was omitted during the year as the function was transferred to the Day Care Training Office. The three applicable objectives are:

1. To implement by October, 1976 a training and follow-up process for all administrative, all social service, and all center staff which will sensitize these employees to incidences of child abuse and enable each employee to take positive, corrective measures.

   TARGET : 1075 program personnel (N=1079-4)
   ACCOMPLISHMENT : 1068 (99%)
   OBJECTIVE ACHIEVED: No

2. To increase the psychological services staff's participation in parent meetings by 50 percent for 1976-77 calendar year. During 1975-76, staff participated in 30 parent meetings.

   TARGET : 45 parent meetings
   ACCOMPLISHMENT : 59 parent meetings
   OBJECTIVE ACHIEVED: Yes

3. For the psychological services staff to visit each center during 1976-77 calendar year for the purpose of on-site conferences with staff.

TARGET : 92 centers
ACCOMPLISHMENT : 90 centers (99%)
OBJECTIVE ACHIEVED: No

Although two of the three objectives were not achieved 100%, in both cases, the objectives were achieved 99%. Overall, it may be viewed that the psychological staff has achieved its objectives and has served children, parents, staff and community, in the manner indicated in the proposal.

Social Services workers were also involved in the health service component. Of the 537 contacts made about a child's health, referrals constituted 91% of the contacts. Home visits, which made up 9% of the contacts, were primarily made for the child's physical health needs. (See Table 8). Also, as a separate service, 38 children in 5 special classes were provided transportation services.

TABLE 8

Health Services Provided
By Social Services Workers

Area of Health	Home Visit	Referrals		Total	
Child's Physical Health	46	334	68%	380	71%
Child's Mental Health	--	157	32%	157	29%
Total	46	491	100%	537	100%

SUMMARY

Get Set Day Care provides health services to 4500 children as part of the daily program. As of May, 1977, two-thirds of the children had received physical examinations/screenings, and 17% of those children were diagnosed as having a physical health problem. Over half of the children diagnosed were in need of dental care. The other major areas requiring care were vision, chest, skin, and nutrition. Of all children diagnosed with a problem, 38% received and completed their treatment program.

Psychological (including speech and hearing) services (mental health) were also provided. In addition to achieving the objectives for the year, the staff observed 15% of the children, and with pre-admission and recruitment activities, evaluated 9% of the children in the program. The major problem identified was "problem behavior" (physical agressive behavior or social-emotional maladjustment). The psychological staff worked with parents and program personnel who were directly involved with special needs children. The contacts with parents were primarily to assist the parent in better understanding their child's developmental problem. The contacts made with program personnel were: (1) consultation services to social service workers and instructional personnel, (2) conducting routine observations, and (3) providing staff training. Services to the community concentrated on establishing and maintaining contact with community agencies.

Social service workers also assisted in the implementation of the health service program, by conducting home visits and or making referrals to community agencies when there was concern about students health.